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of their own which are worshipped by them only overseas or in the emigrant communities from which they sprang. The outstanding examples are Sam Po Tai Shan for the Shen, and Toh Peh Kong (Hokkien), Ta Pai Kung (Mandarin), or Tai Pak Kung (Cantonese) for the Fu.

Sam Po Tai Shan is none other than the spirit of the famous Grand Eunuch Cheng Ho of the Ming dynasty who visited Malacca in the early years of the fifteenth century.[1] He is particularly worshipped in Malacca. Crawfurd remarks, 'Sam Po Kung (Sam Po Tai Shan) is evidently a name to be conjured with among the illiterate classes. The miracles which he performed to save his countrymen from the perils of their travels in unknown lands are among the marvels of romance, illustrating, in a striking way, one of the factors in a genesis of a myth.'

Toh Peh Kong, however, is the most popular hero among the overseas Chinese. But one may search for him in vain in the standard books on Chinese religion.[2] In Siam he is known as Pan Tou Kung. He probably derives from Tu Ti (earth god), but overseas he is primarily the spirit of the pioneers. The Chinese pioneers of the early days suffered terrible hardships and were honoured in memory by those who came after them. Toh Peh Kong seems to be the personification of the pioneer spirit generally and is not the deification of a special person as Sam Po Tai Shan is of Cheng Ho.

A worship of very long standing in Malaya is that of Wang Yeh, who has the spiritual function of visiting the universe as the representative of heaven. The early settlers brought the worship with them from Fukien province.[3]

Opium and other narcotics. The use of the poppy and coca leaf goes back to time immemorial.[4] In 1783 Warren Hastings pro-

[1] See pp. 22, 23.

[2] In particular the monumental work by Henri F. S. Doré, *Recherches sur les superstitions en Chine* (Shanghai, Tu-se-wei Press, 1911–38).

[3] Wang Yeh was worshipped from early days but the Wang Kang Festival in Malacca wherein five images of this deity were carried does not seem to have originated until 1886.

Chinese Mohammedans exist in the Shan States and in Indonesia, though in the latter country their numbers are not great. Chinese Christians are not very numerous in Southeast Asia, though in Malaya, for example, they increased between 1901 and 1931 by one-half (50·2 per cent.) to 30,738, while during the same period the Chinese population increased by only 45·5 per cent. Among the Churches the Roman Catholic Church has the strongest hold.

[4] Opium comes from a certain variety of the poppy plant grown principally

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nounced opium to be 'a pernicious article of luxury which ought not to be permitted, but for the purposes of foreign commerce only'. A debate in the House of Commons on the eve of the First China War (the 'Opium War') of 1839 showed that the great majority of the members of Parliament were prepared to countenance the opium traffic as a necessary evil, but a few enlightened voices were lifted against it, including that of Macaulay. The fact, however, that opium-smoking was a vice to which the Chinese were addicted made it valuable as a source of revenue to the Governments of Southeast Asia. The usual method of obtaining this revenue was to farm out the sale of the drug to private persons or firms. Administrators (including Raffles) had grave misgivings regarding the effect of opium-smoking on the health of the Chinese community, but it was not until about the beginning of this century that the various Governments began to take steps towards controlling the sale of the drug.

A Commission appointed in 1907 in the Straits Settlements to ascertain the extent to which opium-smoking was indulged in, whether its prevalence was on the increase, and what means should be taken towards its restriction or suppression, made a report to the following effect:[1]

The habit in the case of the majority of smokers in Malaya was acquired during residence in these parts. The labour in Malaya was mostly drawn from the impecunious farmer class, and the ruling price of chandu in China, though low compared with the price in Malaya, was sufficiently high to place it beyond their reach while they were in their native land. Moreover, the influence of the elder over the younger members of the families of China, one of the most striking characteristics of Chinese family life, was removed in Malaya, and thereby a powerful deterrent to the acquisition of the opium habit disappeared. Nor was the view commonly held among the Chinese of Malaya that the habit was injurious—indeed the general sentiment was to the exact contrary. It was regarded as a panacea for many common ailments and was often recommended by Chinese doctors. These facts, in the opinion of the Commissioners, largely contributed to the commencement of the habit.

in India, China, Persia, Greece, and Yugoslavia. Cocaine is derived from an entirely different plant, the coca leaf, grown in South America and Java in particular.

[1] *Report of the Opium Commission* (Singapore, 1908), vols. i and iii were published as Cmd. 4321 and Cmd. 4322 (1909).

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Those *habitués* who were questioned said that they had started to smoke 'as a remedy for sickness', 'as an antidote to sorrow', or 'from bad example'. Brothels were a common place in which Chinese learned to smoke.

The Commissioners summed up their views as to the motive for the habit in these words: 'We are firmly convinced that the main reason for taking to the habit of smoking opium is the universal tendency of human nature to some form of indulgence.' Or, less sententiously expressed, they did it because they liked it!

A man was less likely to become an inveterate opium-smoker than a drunkard.

As to the evil results of opium-smoking the Commissioners took a moderate view. As regards the physical evils, with the exception of medical practitioners who held strong views opposed to opium, the medical witnesses were practically unanimous in expressing the opinion that opium-smoking in moderation was relatively harmless. Even if the indulgence were carried to an excess, there was (so said the witnesses) no organic change in the body. The general impression, however, was that in tasks requiring severe physical exertion the smoker was not equal to the non-smoker; in the case of the skilled artisan, opium-smoking made little or no difference to his relative value; opium-smokers and non-opium-smokers in an industry worked the same number of hours and earned the same wages.

These views (in the experience of the writer) represent the general views of European administrators who, on the whole, incline to consider opium-smoking as a symptom rather than a cause of misfortune. Education and improved living conditions in the last forty years have had more effect in decreasing the number of smokers than any other factor.

While the Commission was unwilling to recommend prohibition (which in any case would be possible only by international agreement, as the poppy was then cultivated in India, China, Turkey, and Persia), it recommended the abolition of the opium farmer and the establishment of a Government monopoly for the manufacture and sale of chandu.

The international control of the manufacture and sale of deleterious drugs has a very extensive literature of its own, and all that we need do here is to refer to the main facts.[1]

[1] See Herbert L. May, 'Narcotic Drug Control', *International Conciliation*

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276 At the time of the Hague Convention in 1912, with provision for the gradual and effective suppression of opium-smoking, all the countries where the problem existed, except China and the Philippines, were using some form of Government monopoly. Most of them had advanced through successive stages from partial to complete control. On the other hand, only a few years prior to 1912, China and the Philippines had skipped most or all of the steps and had jumped straight to (theoretical) prohibition. But what stood in the way of giving prohibition any real effect was the failure, so far, to secure effective control of production. The policy in the Dutch and British colonies was a progressive reduction of opium-smoking (and with it the revenues derived therefrom)[1] side by side with improvement of the preventive measures against illicit importation and sale of the drug.

Efforts to solve the problem of opium-smoking in the Far East were accelerated by the pernicious policy of the Japanese in encouraging the habit in the territories which they occupied. In 1943 the Governments of the United Kingdom and the Netherlands, and in 1945 the French and Philippines Governments, declared their intention to introduce a policy of absolute prohibition. As a result of this declaration, the only countries in which opium-smoking was still not prohibited at the close of the Japanese war were Siam and certain states in India. At its fourth session, the Economic and Social Council of the United Nations adopted a resolution inviting all countries in which opium-smoking was still

(May 1948). This pamphlet gives a concise account of the matter and of the progress of international control. The *League of Nations, Advisory Committee on Traffic in Opium and other Dangerous Drugs; Summary of Illicit Transactions and Seizures*, for successive years, gives data which show the difficulty of preventing smuggling. See also U.N., Economic and Social Council, *Commission on Narcotic Drugs, Limitation of raw materials 6 April 1948* (E/CN/7/107) and of *25 April 1948* (E/CN/7/121).

The first step in the international campaign against narcotics took place in 1909 when an International Opium Commission met in Shanghai on the initiation of the United States Government which was seriously worried by the problem in the Philippines. In 1912 the Hague Opium Convention bound the parties to adopt measures for the control and regulation of raw opium, prepared opium, morphine, heroin, and cocaine. In 1925 the League of Nations appointed an Advisory Committee to exercise general control of the traffic; in 1925 the Geneva Agreement on Opium was signed; the same year saw the Geneva Convention; the Bangkok Agreement on Opium Smoking was signed in 1931.

[1] For the progressive measures taken in Malaya see Purcell, *The Chinese in Malaya*, p. 190–1. Between 1928 and 1933 the Malayan Governments reduced the opium sold from 1,344,000 taels to 612,000 taels.

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permissible to take immediate steps to introduce the necessary measures to prevent the manufacture of and trade in prepared opium for the purpose of smoking. 276

It remains to be seen how far this complete prohibition can succeed. Everything turns on the ability of the Governments to control smuggling and, in the final issue, on the effectiveness of international control of the manufacture and distribution of narcotics. It is not only opium that is the problem, but also an increasing number of even more harmful substitutes.

A number of other matters have strong claims for inclusion as 'special aspects of Chinese society in Southeast Asia', but it is thought desirable to limit this chapter to its present dimensions (for enough has been said to illustrate the general nature of the deviations from the central problems in China itself) and to start in the next Part the detailed narrative of the Chinese in Burma, Siam, Indochina, Malaya, British Borneo, Indonesia, and the Philippines.[1] In journeying with them for three centuries or more through jungle and defile, over the mountain passes of the Shan States or through the myriad islands of the Philippines, in sojourning with them in tin mine, on rubber estate, or in godown, in listening to what they have to say and what is said of them, we shall learn much and prepare ourselves better for our final task of assessing the advantage or the detriment of this people to the countries in which they have come to work or trade, and often to settle, and of adumbrating (if we dare) the future of the race in Southeast Asia. 121

[1] The order is arbitrary.

[p. 54 is blank]